

**COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION
BUREAU OF FINANCIAL INSTITUTIONS
ANNUAL REPORT OF MONEY TRANSMITTERS
FOR THE YEAR ENDING DECEMBER 31, 2007**

(1) Licensee's Name and Mailing Address	(2) Name and Mailing Address of Parent Company (if any)												
<p>(3) Contact Person for any questions about this report:</p> <p>Name _____ Title _____ Phone Number _____</p> <p>Fax Number _____ E-mail Address _____</p>													
<p>(4) Licensee's Federal Identification Number (FIN): _____</p> <p>(5) Licensee's Website Address (if any): _____</p>													
<p>(6) List the street address(es) at which the licensee provides services or the licensee has agents providing services for Virginia residents pursuant to the Virginia Money Order and Sales Act. (Attach a separate sheet of paper, if necessary.)</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> </div> <div style="width: 48%;"> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> </div> </div>													
<p>(7) List all the directors and senior officers, partners and principal owners (10 percent, direct or indirect, ownership or more) of the licensee, indicating the percentage of ownership for each person or entity. (Attach a separate sheet of paper, if necessary.)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black; width: 55%;"><u>Name and Title</u></th> <th style="text-align: left; border-bottom: 1px solid black; width: 45%;"><u>Percentage Ownership (If applicable)</u></th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </tbody> </table>		<u>Name and Title</u>	<u>Percentage Ownership (If applicable)</u>	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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<p>(8) Provide the following information with respect to business conducted pursuant to the Virginia Money Order Sales Act during the calendar year (Virginia Business Only):</p> <ul style="list-style-type: none"> • Total Money Order Sales for the year. \$ _____ • Total outstanding checks at year-end. \$ _____ • Total sales of Money Transmission Services for the year. \$ _____ • Total outstanding Money Transmission Agreements at year-end. \$ _____ 													
<p>(9) Has the licensee had its renewal refused or its license suspended or revoked in any state during the calendar year?</p> <p>_____ Yes _____ No If answered Yes, please explain on a separate sheet of paper and attach it to this form.</p>													

_____Yes _____No If answered Yes, please explain on a separate sheet of paper and attach it to this form.

_____Yes _____No If answered Yes, please explain on a separate sheet of paper and attach it to this form.

_____Yes _____No If answered Yes, please explain on a separate sheet of paper and attach it to this form.

A. The most recent audited financial statements of the licensee.

C. A copy of the acknowledgement letter from Department of the Treasury which shows that the licensee is currently registered as a Money Services Business.

State of _____)

I, _____, being the _____
(Name of Officer of Licensee) (Title)

and belief, the facts in this report, including any accompanying schedules and statements, are true.

Subscribed and sworn to before me this _____ day of _____, 20_____

Registration Number of Notary: _____

My commission expires: _____